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CONFIRMATION NO. 5122

<b>SERIAL NUMBER</b> 10/803,014	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2625	<b>ATTORNEY DOCKET NO.</b> IBMI-05-171A-2
<b>APPLICANTS</b> Boon-Lock Yeo, Yorktown Heights, NY; Joan LaVerne Mitchell, Cortlandt Manor, NY;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/112,475 03/28/2002 PAT 6,738,509 which is a CON of 09/753,614 01/04/2001 ABN which is a CON of 08/879,066 06/19/1997 PAT 6,198,842				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/31/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M. Yeo</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 36872				
<b>TITLE</b> Multi-spectral image compression with bounded loss				
<b>FILING FEE RECEIVED</b> 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	